



**EMPLOYMENT APPLICATION FOR DOT REGULATED POSITIONS**

Leave no question blank. Answer each inquiry or mark with "N/A" or "none" as appropriate.

Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Address(es) for the past three years**

\_\_\_\_\_  
No. & Street (CURRENT ADDRESS) City State Zip

\_\_\_\_\_  
No. & Street City State Zip

\_\_\_\_\_  
No. & Street City State Zip

**Provide your unexpired motor vehicle operator's license or permit information and endorsement(s)**

State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ License Class \_\_\_\_\_ Endorsements \_\_\_\_\_

**List State and DL# for any other driver licenses held in the previous three(3) years.**

1. State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

2. State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**When were you issued your first CDL?** \_\_\_\_\_ (Answer N/A if non-CDL driver to this question below)  
(Date)

**When was your first year of employment that required you to use a CDL license?** \_\_\_\_\_ (Date)

**Motor Vehicle Violations(other than parking) resulting in conviction, bond, or collateral forfeiture(3 years prior to application date)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**State in detail all facts and circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle. Must initial below if "none" or "N/A" answered above.**

\_\_\_\_\_

\_\_\_\_\_ **No denial, revocation or suspension has occurred.**

(Initials)

**Vehicle accident history (3 years prior to application date)**

1. _____ Date	_____ Nature of Accident	_____ Fatalities?(Y/N)	_____ Injuries?(Y/N)
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2. _____ Date	_____ Nature of Accident	_____ Fatalities?(Y/N)	_____ Injuries?(Y/N)
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3. _____ Date	_____ Nature of Accident	_____ Fatalities?(Y/N)	_____ Injuries?(Y/N)
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**Operating experience with motor vehicles**

- 1. \_\_\_\_\_  
Type of vehicle/equipment operated \_\_\_\_\_ Dates \_\_\_\_\_
- 2. \_\_\_\_\_  
Type of vehicle/equipment operated \_\_\_\_\_ Dates \_\_\_\_\_
- 3. \_\_\_\_\_  
Type of vehicle/equipment operated \_\_\_\_\_ Dates \_\_\_\_\_

**Previous 3 years of employment history, if self-employed, list registered business name.**

- 1. \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Dates(from-to) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Job Title: \_\_\_\_\_ Was this job DOT regulated? Yes \_\_\_ No \_\_\_\_\_  
Was the job designated as a safety sensitive function to USDOT Alcohol & controlled substances testing? Yes \_\_\_ No \_\_\_\_\_
- 2. \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Dates(from-to) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Job Title: \_\_\_\_\_ Was this job DOT regulated? Yes \_\_\_ No \_\_\_\_\_  
Was the job designated as a safety sensitive function to USDOT Alcohol & controlled substances testing? Yes \_\_\_ No \_\_\_\_\_
- 3. \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Dates(from-to) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Job Title: \_\_\_\_\_ Was this job DOT regulated? Yes \_\_\_ No \_\_\_\_\_  
Was the job designated as a safety sensitive function to USDOT Alcohol & controlled substances testing? Yes \_\_\_ No \_\_\_\_\_

**Employer Physical Qualification:** Pursuant to 49 CFR Section 391.41 please respond to the following questions:

- 1) Do you have a condition that requires a medical waiver or a Skills Performance Evaluation Certificate?  
Check one  Yes  No
- 2) If you checked in question 1 I have provided a valid:  
Check the box (es) that apply:  State Issued Waiver  Federal Issued Waiver  SPE Certificate

**Employee Drug and Alcohol Statement:** Pursuant to 49 CFR Sections 391.23 and 40.25 please respond to the following questions:

- 1) Have you ever tested positive, or refused to test, on any drug or alcohol test administered under DOT agency drug or alcohol testing rules during the past three years?  
Check one  Yes  No
- 2) Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety- sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  
Check one  Yes  No
- 3) If yes answered to question 1 and/or 2 above, can you provide/obtain proof that you have:  
Check all that apply:  Been evaluated and released to perform DOT Safety Sensitive Functions by a SAP  
 Successfully completed the DOT return to duty testing requirements  
 Successfully completed the DOT follow-up testing requirements

**This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I also understand that the information provided in this application may be used, and my prior employers may be contacted as required by the Federal Motor Carrier Safety Regulations. Pursuant to paragraphs 391.23 (d) and (e). I am aware that I have rights to request in writing access to review or correct any erroneous investigative information provided from a previous employer.**

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's signature